



EXPATRIATES TAXPAYER REGISTRATION FORM

DETAILS OF TAXPAYER

Name: _____

Surname: _____

Date of Birth: _____ Place of Birth: _____

I.D./Passport No: _____

Name of Father: _____

Local Address

Door/House: _____

Street: _____

Locality: _____ Post Code: _____

TAX DETAILS (complete where applicable)

Date of Arrival: _____

Purpose of Registration: Employment Settler (retired)
 Marriage to Maltese Returned Migrant
Other _____

Date of Employment: _____ Social Security No.: _____

SPOUSE DETAILS (applicable only if spouse is resident in Malta)

Name: _____

Surname: _____

Maiden Surname: _____

Date of Birth: _____ Place of Birth: _____

I.D./Passport No.: _____ Date of Marriage: _____

OTHER CONTACT DETAILS (employer or other representative, where applicable)

Name: _____

Address

Door/House: _____

Street: _____

Locality: _____ Post Code: _____

I hereby undertake to inform the Inland Revenue Department should there be any significant changes regarding information in this form

Signature: _____ Date: _____

The Inland Revenue Department uses the information provided, to process this form in accordance with the Income Tax Acts and subsidiary legislation. We may check information provided by you, or information about you provided by a third party, with other information held by us. We will not disclose information about you to anyone outside the Inland Revenue Department unless permitted by law. The Inland Revenue Department treats your personal information in accordance with the Data Protection Act 2001 (Cap 440) to protect your privacy. Any queries may be addressed to the Data Controller, Inland Revenue Department, Floriana FRN 0170